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Department of State

Corporate Filings 312 Eighth Avenue North 6th Floor, William R. Snodgrass Tower Nashville, TN 37243

APPLICATION FOR AMENDED CERTIFICATE OF AUTHORITY (LIMITED LIABILITY COMPANY)

To the Secretary of State of the State of Tennessee: Pursuant to the provisions of §48-246-303 of the Tennessee Limited Liability Company Act or §48-249-906 of the Tennessee see Revised Limited Liability Company Act, the undersigned hereby applies for an amended certificate of authority to transact business in the State of Tennessee, and for that purpose sets forth: 1. The currently recorded name of the Limited Liability Company is: If different, the name under which the amended certificate of authority is to be obtained is: 2. The state or country under whose law it is organized is: and its date of formation is: (must be month, day and year). 3. The complete street address (including zip code) of its principal office is: Street City State/Country Zip Code 4. The complete street address (including the county and the zip code) of its registered office in Tennessee is: Street City/State County Zip Code The name of its registered agent at that office is: 5. If the provisions of TCA §48-249-309(i) (relating to foreign series LLCs) apply, then the information required by that section should be attached as part of this document. 6. Please insert the number of members at the date of filing if more that six (6). NOTE: This application must be accompanied by a certificate of existence or a document of similar import (for example, a certificate of good standing) duly authenticated by the Secretary of State or other official having custody of Limited Liability Company records in the state or country under whose law it is formed. The certificate shall not bear a date of more than two (2) month prior to the date the application is successfully filed in Tennessee. Signature Date Name of Limited Liability Company Signer's Capacity Signature Name (typed or printed)